

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102556

1. Entity Name
MBN ENTERPRISES, INC.

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90028 045 ***150.00

C0037356



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**950 CARSWELL AVENUE
HOLLY HILL FL 32117**

Mailing Address
**950 CARSWELL AVENUE
HOLLY HILL FL 32117**

2. Principal Place of Business
2099 TAYLOR ROAD
Suite, Apt. #, etc.

3. Mailing Address
2099 TAYLOR ROAD
Suite, Apt. #, etc.

City & State
DAYTONA BEACH, FL
Zip
32124
Country

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DAYTONA BEACH, FL
Zip
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4. FEI Number **59-3546633**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEL, BRIAN J
950 CARSWELL AVENUE
HOLLY HILL FL 32117**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2099 TAYLOR ROAD
City **DAYTONA BEACH** FL Zip Code **32124**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **NEL, BRIAN J**
STREET ADDRESS **950 CARSWELL AVENUE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2099 TAYLOR ROAD**
CITY-ST-ZIP **DAYTONA BEACH, FL 32124**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FD**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-01

Date

904-763-1979

Daytime Phone #

CR2E034 (10/00)